



BUREAU OF BARBERING AND COSMETOLOGY
P.O. BOX 944226
SACRAMENTO, CA 94244-2260
INFORMATION: (916) 445-7061 FAX (916) 323-5037



REQUEST FOR CHANGE OF NAME

License/File Number	(Please type or print legibly in ink)			
1. ORIGINAL NAME ON LICENSING/FILE RECORDS (First, Middle, Last)				
2. ORIGINAL ADDRESS ON LICENSING/FILE RECORDS Number and Street City State Zip Code				
3. NEW NAME (First, Middle, Last)				
4. CURRENT ADDRESS Number and Street City State Zip Code				
5. I have attached the following photocopied documents as legal proof of my name change: (Check only one box)				
<input type="checkbox"/> Certified Court Order <input type="checkbox"/> Naturalization Document <input type="checkbox"/> Notarized Document Verifying Name Change <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Current Driver's License / Identification Card <u>AND</u> Social Security Card <input type="checkbox"/> Dissolution of Marriage (Divorce)				
6. OPTIONS FOR NAME CHANGE (Check only the one that applies to your situation)				
<input type="checkbox"/> Name change at time of renewal - attach documentation as noted above and return this form, no duplicate license fee is required. <input type="checkbox"/> Name change that does not require a new license to be issued for the sole purpose of updating the Bureau's licensing records - attach documentation as noted above and return this form, no duplicate license fee is required. Next renewal notice will reflect correct name as it will appear on the renewed license. If this option is chosen and an inspection of the establishment occurs, the inspector will call the headquarters office to verify that a name change has been filed. <input type="checkbox"/> Name change not done at the time of renewal . Licensee is requesting that a new license be issued - attach documentation as noted above, <u>enclose your current valid license</u> , include a \$10.00 duplicate license fee and return this form. A new license will not be issued unless your current valid license is returned. CAUTION - Pursuant to the requirements outlined in Section 7317 of the Business and Professions Code YOU MAY NOT LEGALLY WORK WITHOUT A VALID, UNEXPIRED LICENSE. Any violation of this section is a misdemeanor. Violators will be subject to a fine.				
7. I hereby certify that I am currently licensed or on file with the Bureau of Barbering and Cosmetology under the original name listed above. For all legal purposes, I have changed my name as listed on line 3.				
<i>I declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct and that I have not changed my name for the purpose of fraud.</i>				
X _____ Signature		_____ Phone #		_____ Date

**PLEASE MAIL THIS FORM WITH ORIGINAL SIGNATURE.
 FAXED OR PHOTOCOPIES WILL NOT BE ACCEPTED.**

FOR BUREAU USE ONLY		
Completed by: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Received: _____
Comments: _____		